SCREENING CONNECTIONS FOR LTSS SCREENERS

August 11, 2020

Presented by the Division for Aging and Disability Services

DMAS-DADS LTSS SCREENING UNIT

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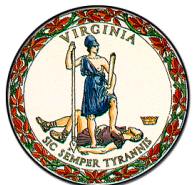
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TODAYS CONVERSATION

- Reminders

- Hot Topic: Considerations When Screening Children

- Questions and Answers

Reminder

Today and former PowerPoints will be available on our DMAS Website at:

http://www.dmas.virginia.gov/#/longtermprograms

Choose tab SCREENING FOR LTSS at the top

Reminder

❑ Post your questions for today's session in the Q&A box

❑ Detailed questions about an individual case or suggestions for a future topic can be sent to:

ScreeningAssistance@dmas.virginia.gov

HOT TOPIC

Considerations When Screening Children

HOT TOPIC

Children must meet the same LTSS criteria as adults:

Functional Capacity

Medical or Nursing Needs

"At Risk"

All three criteria must be met to be eligible for LTSS

HOT TOPIC

Functional Capacity

The degree of independence that, depending on age, a child or child/caregiver unit, has in performing ADLs, mobility, joint motion, medication administration, behavior and orientation as measured on the UAI and as used as a basis for differentiating levels of long-term care services and supports

Functional Capacity

HOT TOPIC

Functional Capacity Criteria same as Adults

- Rated dependent in two or more ADLs, **_and_** also rated semi-dependent or dependent in Behavior Pattern and Orientation, **_and_** semi-dependent or dependent in Joint Motion **_or_** dependent in Medication Administration; or

- Rated dependent in five to seven ADLs **_and_** also rated dependent in Mobility; or

- Rated semi-dependent or dependent in two or more ADLs **_and_** also rated dependent in Mobility **_and_** Behavior Pattern and Orientation.

HOT TOPIC

Medical or Nursing Needs

A child with medical or nursing needs is a child whose health needs require medical or nursing supervision or care above the level which could be provided through assistance with ADLs, medication administration, and general supervision and is not primarily for the care and treatment of mental diseases (12VAC30-60-303. D.)

Medical or Nursing Needs

HOT TOPIC

Medical or nursing supervision or care beyond this level is required when any one of the following describes the child's need for medical or nursing supervision:

- The child's medical condition requires observation and assessment to ensure evaluation of the child's need for modification of treatment **or** additional medical procedures to prevent destabilization, **and** the child, as developmentally appropriate, has demonstrated an inability to self-observe **or** evaluate the need to contact skilled medical professionals; or

- Due to the complexity created by the child's multiple, inter-related medical conditions, the potential for the child's medical instability is high or medical instability exists; or

- The child requires at least one ongoing medical or nursing service. Ongoing means that the medical/nursing needs are continuing, not temporary, or where the child is expected to undergo or develop changes with increasing severity in status. "Ongoing" refers to the need for daily direct care and/or supervision by a licensed nurse that cannot be managed on an outpatient basis.

If applicable, specify the ongoing medical/nursing need in ePAS. A child who is receiving rehabilitation services and/or special medical procedures does not automatically have ongoing medical or nursing needs as there should be documentation to support the rehabilitation services and/or ongoing special medical procedures such as physician orders or progress notes.

NF LOC for an individual is not determined by an individual's age, nor a specific diagnosis or therapy.

(Examples of Medical/Nursing Services and Needs can be found in the LTSS Screening Manual, Chapter IV, pgs 38-40)

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Be "At Risk"

"At risk" means the need for the level of care provided in a hospital, nursing facility, or an Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID) when there is reasonable indication that the individual is expected to need the services in the near future (that is, 30 days or less) in the absence of home or community-based services.

"At Risk"

HOT TOPIC

Screening Children Can be Challenging Depending on:

- Age

- Developmental Stage

- Medical Complexities

- Physical Limitations

- Mental Limitations

Hot Topic

Key Points for Children

- Child + Caregiver Unit

- Know the <u>Screening</u> Definition of ADLs

- Stages of Childhood Development are Important

- Orientation and Behavior

- Tips and Take Aways

- Infants and Medicaid/Social Security Numbers

HOT TOPIC

Child and Caregiver Unit

Children are expected to need assistance with ADLs up to a certain age. Child and caregiver as a unit is used to describe the usual caregiving responsibilities that are provided at certain ages by a caregiver

 HOT TOPIC

Child and Caregiver Unit

Things to focus on:

- Child + Caregiver concept applies younger children

- Why is caring for this child different than other children

- Does the caregiver need an extra set of hands to <u>safely</u> perform the ADL

- Are there medical conditions that make the ADL more difficult to accomplish

  - frequent seizures

  - altered muscle tone (hypertonia/hypotonia)

  - contractures

HOT TOPIC

Child and Caregiver Unit

Things to focus on (cont'd):

- Does the child use medical equipment, tubes, or lines that could be pulled out or dislodged
    - Tracheostomy (no water in trach, trach ties)
    - Ventilator (tubing, vent machine, stand, electrical cords)
    - Continuous IV fluids (IV poles, tubing)
- How has the mother been accomplishing the ADL without assistance
    - Would it be better to have assistance due to child's needs

HOT TOPIC

Know the Screening Definitions of each ADL

The LTSS Screening Manual has specific definitions for child ADLs which includes the process of completing the ADL.

- all steps should be considered in rating the activity for the child

Rating Criteria for Bathing:

Bathing entails getting in and out of the tub, preparing the bath (e.g., turning on the water), actually washing oneself, and towel drying. Some individuals may report various methods of bathing that constitute their usual pattern. For example, they may bathe themselves at a sink or basin five days a week, but take a tub bath two days of the week when an aide assists them. The questions refer to the method used **most or all of the time** to bathe the entire body.

Rating Criteria for Toileting:

Toileting is the ability to get to and from the bathroom, get on/off the toilet, clean oneself, manage clothes and flush. A commode at any site may be considered the "bathroom" only if in addition to meeting the criteria for "toileting" the individual empties, cleanses, and replaces the receptacle, such as the bed pan, urinal or commode, without assistance from other(s).

Stages of Childhood Development

Knowing what is expected at each stage of childhood development and how that impacts a child's ability to independently perform ADLs is critical to being able to accurately assess children.

Growing Up
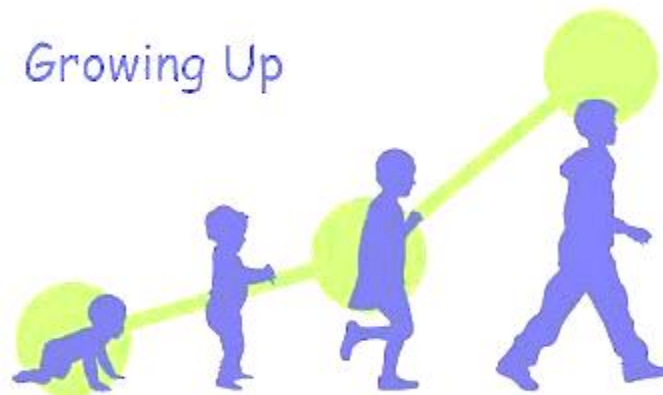
HOT TOPIC

Stages of Childhood Development

Guidance is provided for each ADL

Bathing

Age Guidance

- **Does Not Need Help (I):** The child and caregiver as a unit, or the child, as age appropriate, gets in and out of the tub or shower, turns on the water, bathes entire body, or takes a full sponge bath at the sink.
  - o Children younger than 12 months are developmentally expected to be totally dependent on another person/caregiver for bathing. If there are no other complex medical needs or equipment, then the child is rated as independent.
  - o Children age 1 to 4 are developmentally expected to physically participate in bathing but require caregiver supervision, physical assistance, and help getting in and out of the tub. If the child and caregiver as a unit can achieve this task; the child is participating as appropriate; and there are no other complex medical needs or equipment, then they are independent.
  - o Children age 5 to 18 years are developmentally expected to physically and cognitively perform all essential components of bathing safely and without assistance. The child should be able to bathe independently (if they are not able to achieve this task, then refer to one of the other functional capacities listed below and rate accordingly).

Guidance is provided for each ADL

Bathing

Exclusions ➤

Definitions ➤

Age Guidance ➤

Rating Guidance ➤

- **Mechanical Help Only (d):** The child and caregiver as a unit, or the child, as age appropriate, needs equipment or an assistive device such as a shower/tub chair/stool, pedal/knee controlled faucet, grab bars, long-handled brush, and/or a mechanical lift to complete the bathing process. This does not include a baby tub for infants.

- **Human Help Only (D):**

  Supervision (Verbal Cues, Prompting): The child, needs supervision, prompting and/or verbal cues to safely complete washing the entire body. Developmental stage should be considered as to what is appropriate.

  Physical Assistance (Set-up, Hands-On Care): The child requires someone to fill the tub or bring water to the child, wash part of the body, help the child get in and out of the tub or shower, and/or help the child towel dry. Developmental stage should be considered as to what is appropriate.

  Children who only need help to wash their backs or feet would not be included in this category.

  o Children younger than 12 months are developmentally expected to be totally dependent on another person/caregiver for bathing. If there are no other complex medical needs or equipment, then the child is rated independent. If the child has a complex medical need, then this category may be appropriate.

  o Children age 1 to 4 are developmentally expected to physically participate in bathing but require caregiver supervision, physical assistance, and help getting in and out of the tub. If the child and caregiver as a unit can achieve this task; the child is participating; and there are no other complex medical needs or equipment, then the child is rated independent. If the child has a complex medical need, then this category may be appropriate.

  o Children age 5 to 18 years are developmentally expected to physically and cognitively perform all essential components of bathing safely and without assistance. The child should be able to bathe independently (if they are not able achieve this task then this category may be appropriate).

🔥 HOT TOPIC

Guidance is provided for each ADL

[Bathing](#)

Screening considerations for children, as age appropriate, include: safety concerns such as seizure activity; balance; head positioning; awareness of water depth, temperature, or surroundings (i.e. location of faucet); and/or other characteristics that make bathing very difficult such as complex medical needs or equipment. If the child's situation includes any of these, rate accordingly, as age appropriate.

Stages of Childhood Development

Things to focus on:

- Is the child on target developmentally for age

- What is the reason for not meeting milestones
  - Medical condition (uncontrolled seizures, CP, anoxic brain injury, Brittle Bone Disease, etc.)
  - Caregiver convenience

- Does the child have the ability to perform the task but isn't (i.e. scared of the toilet, too busy playing)

- Ask for detailed information

Behavior and Orientation

<u>**Behavior Pattern**</u>: the manner of conducting oneself within one's environment without placing oneself at risk

<u>**Orientation**</u>: the awareness of an individual within his or her environment in relation to time, place and person. It can also mean the recognition of danger.

Behavior and Orientation

The LTSS Screening Manual provides detailed information on developmental milestones, rating definition and specific behaviors to look for when assessing children

Screening considerations for children, as age appropriate, include: assistance to engage in safe actions and interactions; refrain from unsafe actions and interactions; exhibits disruptive or dangerous behavior such as: verbal and physical abuse to self or others; wandering; removing or destroying property; acting in a sexually aggressive manner; reported neurological impairment; hyper/hypo sensitivity to external stimulus; constant vocalizations/perseveration; impaired safety skills; engages in smearing behavior; sleep deprivation; reported cognitive impairment; lack of awareness; unable to respond to cues; unable to communicate basic needs and wants; disorientation/disassociation; unable to follow directions; unable to process information or social cues; and unable to recall personal information. If the child exhibits any of these, rate accordingly as developmentally appropriate.

Behavior and Orientation

Things to focus on:

Behavior

- Can the child adjust their behavior to expectations in different environments and social circumstances

- What inappropriate behavior is the child presenting- unaware of surroundings, lack of interest, aggression, etc.

- Rating is based on observation of the child's actions when possible

Behavior and Orientation

Behavior cont'd

- Does the child's behavior put his or other's health and safety at risk

- Behavior does not include "selfish", "impatient" or "demanding" personality traits

- Babies/younger children
  - not meeting milestones for age
  - cognitive/neurological impairment (i.e. traumatic brain injury, lack of oxygen at birth)

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Behavior and Orientation

Orientation

- Is the child meeting developmental milestones for age
- 5-18 yo should know themselves, where they live, and significant others (time may be in relation to an activity)

- Babies/younger children
  - do they recognize their caregiver (1-5 mos)
  - do they look at themselves in a mirror (6-12 mos)
  - recognize and know names of familiar people (13-36 mos)

- Does the child have medical conditions that would affect age appropriate orientation

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Behavior and Orientation

Behavior and Orientation are considered as a combination when determining a child as independent (I), semi-dependent (d), or dependent (D)

The Crosswalk for determination is available in the LTSS Screening Manual (Chapter IV, page 68)

HOT TOPIC

Tips and Take Aways

- LTSS Screening Manual provides:
  - Definitions for each category
  - Definitions of Independent (I), Semi-dependent (d), Dependent (D) for each category
  - Developmental milestones by age
  - Rating Guidance
  - Special considerations for each category
- Complex Medical conditions and use of equipment impact rating determinations for most categories and age ranges

🔥 HOT TOPIC

Tips and Take Aways

- Assessment is based on needs and ability of child, not caregiver

- Medical diagnosis is <u>not</u> an automatic "Dependent" rating, but diagnoses can be a clue to look for certain limitations

- If ability of child to perform an ADL is inconsistent, score to the higher dependency

- Children with Medicaid may receive Personal Care and Private Duty Nursing through EPSDT, refer caregiver to child's PCP or other provider for information

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HOT TOPIC

ePAS Processing Issues
Medicaid/ Social Security Numbers

HOT TOPIC

Infants and Social Security Numbers

Medicaid LTSS Screenings MUST be attached to the correct Social Security and Medicaid number.

This can difficult for newborns who may not yet have a SSN or Medicaid number. The following are some tips to follow:

- Ask the family if the infant has been issued a Medicaid ID number. Some babies may have been enrolled by staff at "Cover Virginia" via direct reports from hospitals. If the child has a Medicaid Number, make sure to put it in the Screening-UAI section.

- If the child does not have an assigned Medicaid Number the screener will have to use a pseudo social or default social (DOB sequence 000-MMDDYY) which will generate a **one day** Medicaid ID number to enable screening processing.

- The family MUST notify their DSS Eligibility staff that a Medicaid number has already been created by the LTSS Screening process so that DSS does not create a new or duplicate record for the baby in MMIS.

    It is IMPORTANT that only ONE Medicaid record exists for the child!

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Alternate Default Social Sequence

Due to the fact that more than one person can have the same birthdate, you may encounter a problem entering a default social security number. If this happens an alternate default sequence must be used by:

- first try increasing the day digit by one in the date of birth sequence. Please note you should not change or make the actual Date of Birth in the demographics section match the alternate default social security number sequence.

- If you are still unable to enter the alternate default social security number sequence, you must continue to increase the birth day by one until you find a number that is not being used. Sometimes this may also include moving to the month place if needed.

- Do Not Create Your Own "placeholder" or alternate pseudo Social Security or Medicaid ID number. Sequences such as 999999999, 333333333, 123456789, or others "work around."

- Please make a note in the Member's Summary section of the UAI that an alternate method was used and describe.

If you have issues, contact ScreeningAssistance@dmas.Virginia.gov

LTSS Screening Connector

NEXT CALL

September 8, 2020

Question and Answers

Do you have a question?

Questions are the path to learning

Who to Contact Regarding Medicaid LTSS Screening Issues?

ScreeningAssistance@dmas.Virginia.gov